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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
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CORRESPONDENCE ADDRESS**

Application Number	09/636,448
Filing Date	08/11/2000
First Named Inventor	Zapiec
Art Unit	3627
Examiner Name	Rudy
Attorney Docket Number	0273.301

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	George Eagan				
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Signature					
Name	Jennifer Meredith	Registration No.	47,790		
Date	January 8, 2005	Telephone No.	646-536-5664		

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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